

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Presentation for New Legislator Orientation

December 3, 2014

Romaine Gilliland

DHHS Director

DHHS's Mission

The Department of Health and Human Services (DHHS) promotes the health and well-being of Nevadans through the delivery of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.

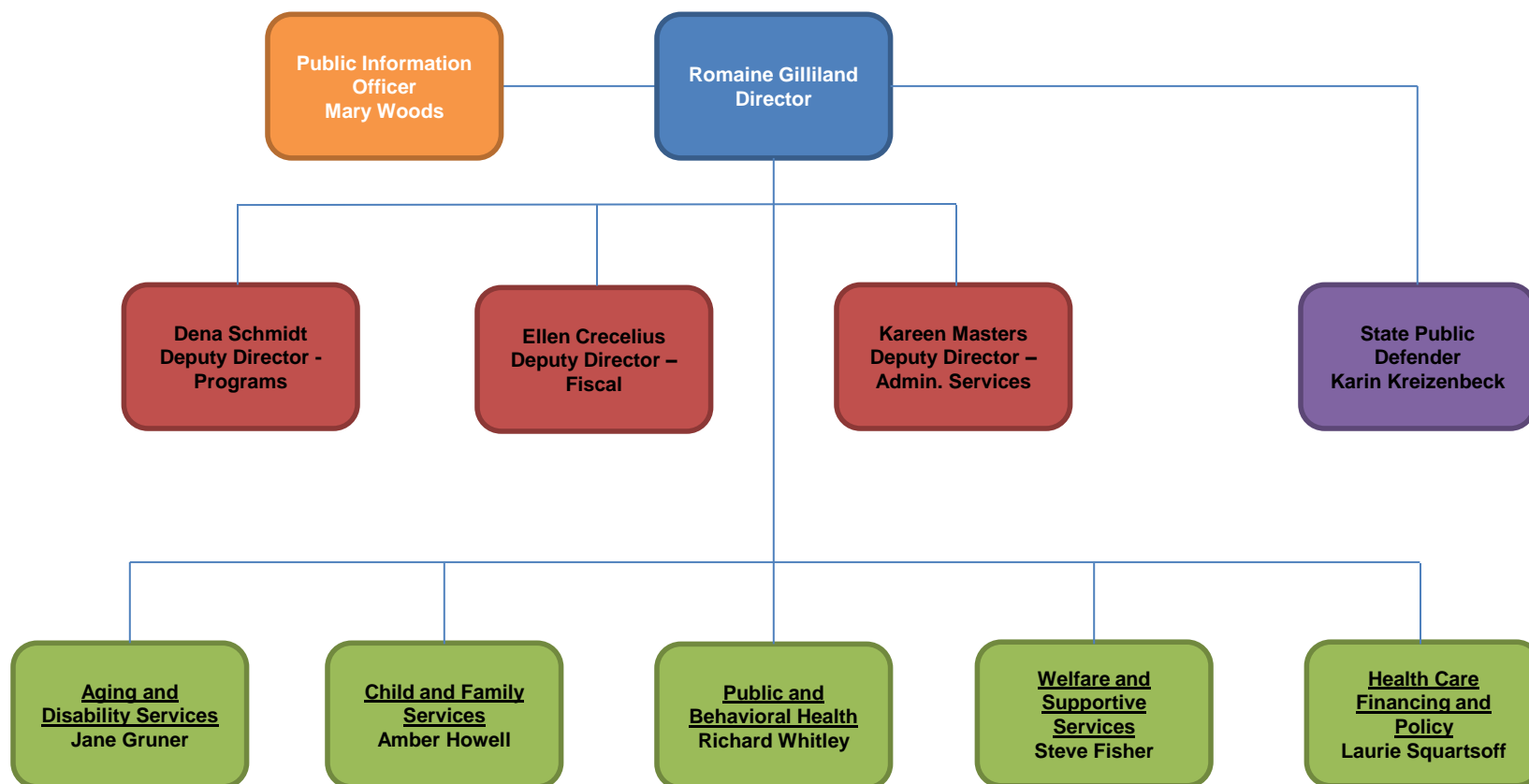
The department consists the following divisions: Aging and Disability Services, Child and Family Services, Health Care Financing and Policy, Public and Behavioral Health, Welfare and Supportive Services, and the Public Defender's Office.

Statutory Authority: NRS 232.290-465.

Link to Website: <http://dhhs.nv.gov/>

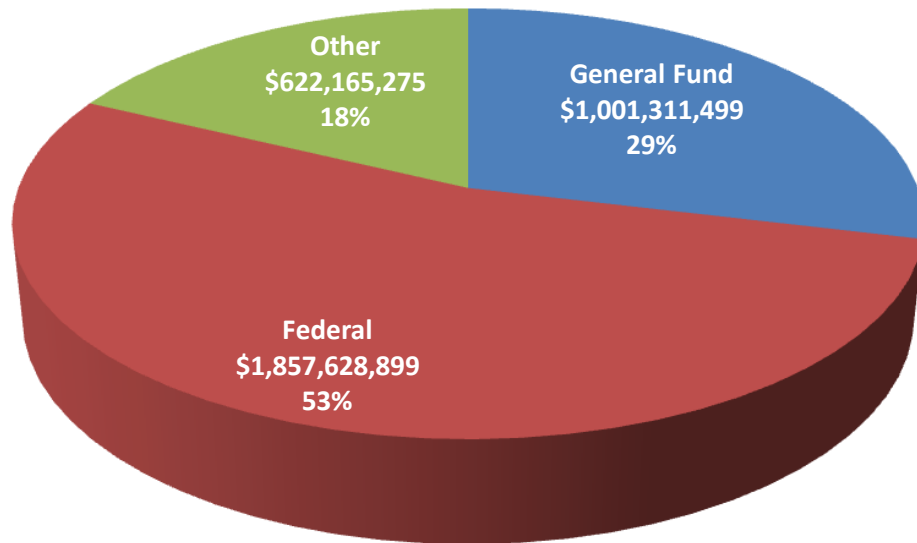
*Helping People. It's who we are
and what we do.*

DHHS Organizational Chart



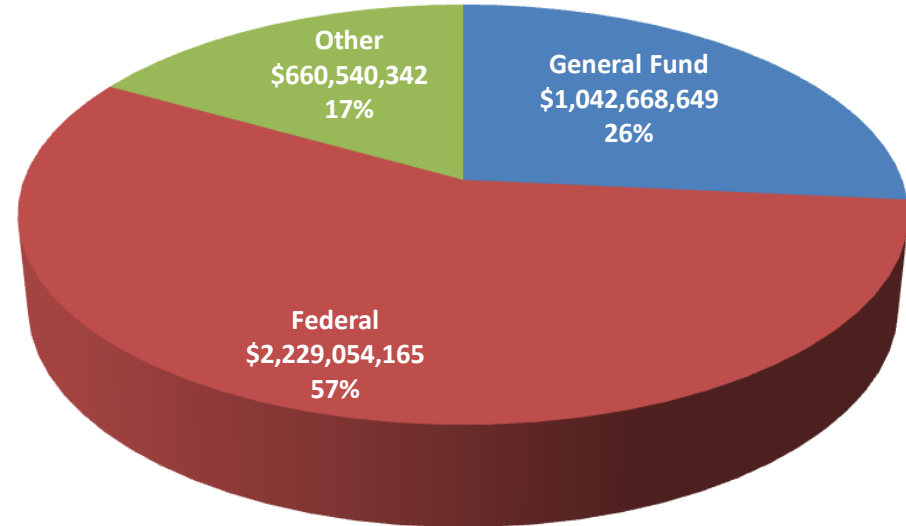
Budgeted Funding Sources, Fiscal Years 2014 and 2015

State Fiscal Year 2014



\$3,481,105,673

State Fiscal Year 2015

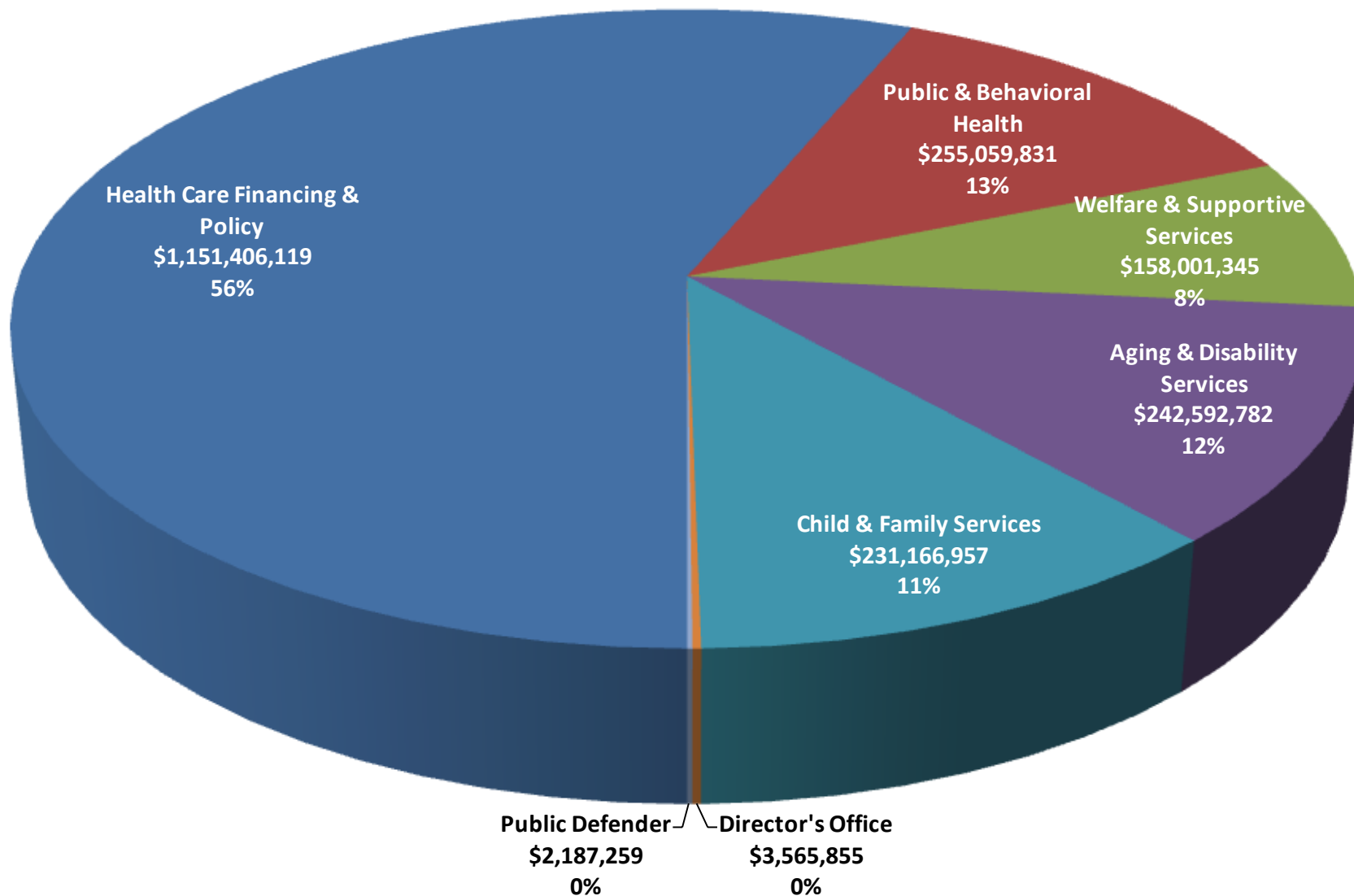


\$3,932,263,156

General Funds by Division, 2014-15 Biennium

Legislative Approved General Funds 2014-15 Biennium

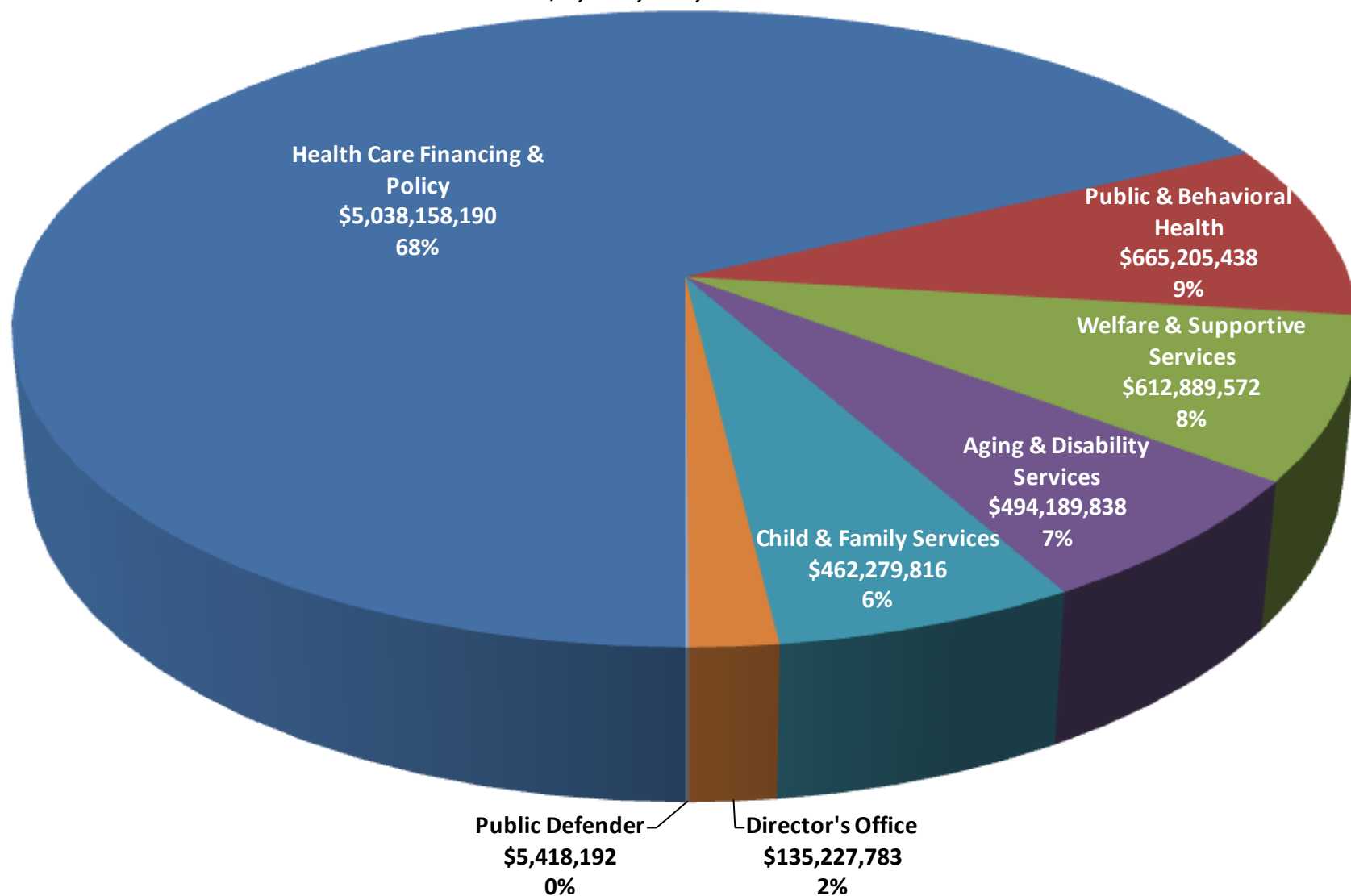
\$2,043,980,148



Revenues by Division, 2014-15 Biennium

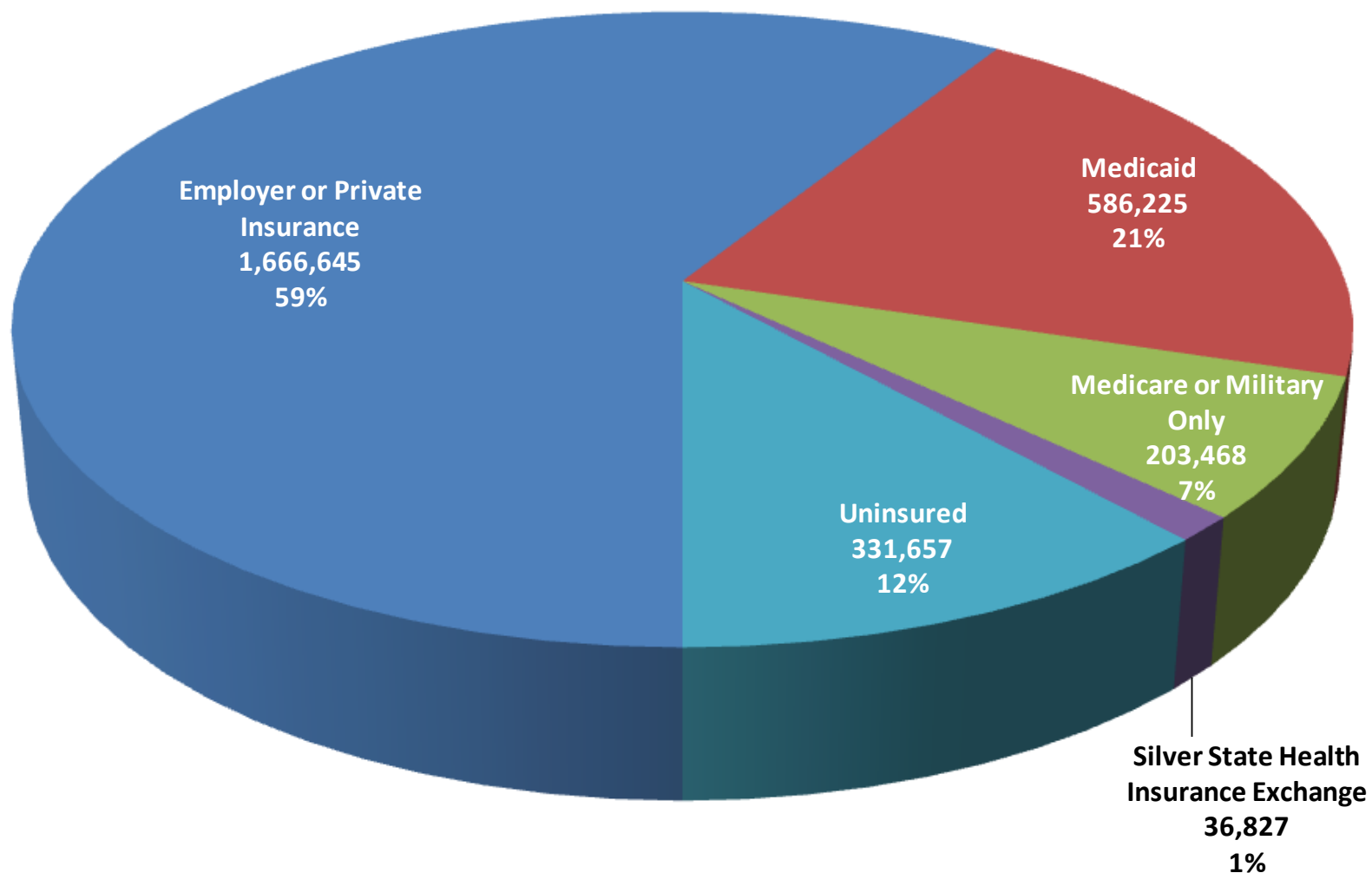
Legislative Approved 2014-15 Biennium

\$7,413,368,829



Estimated Insurance Status of All Nevadans as of July 2014

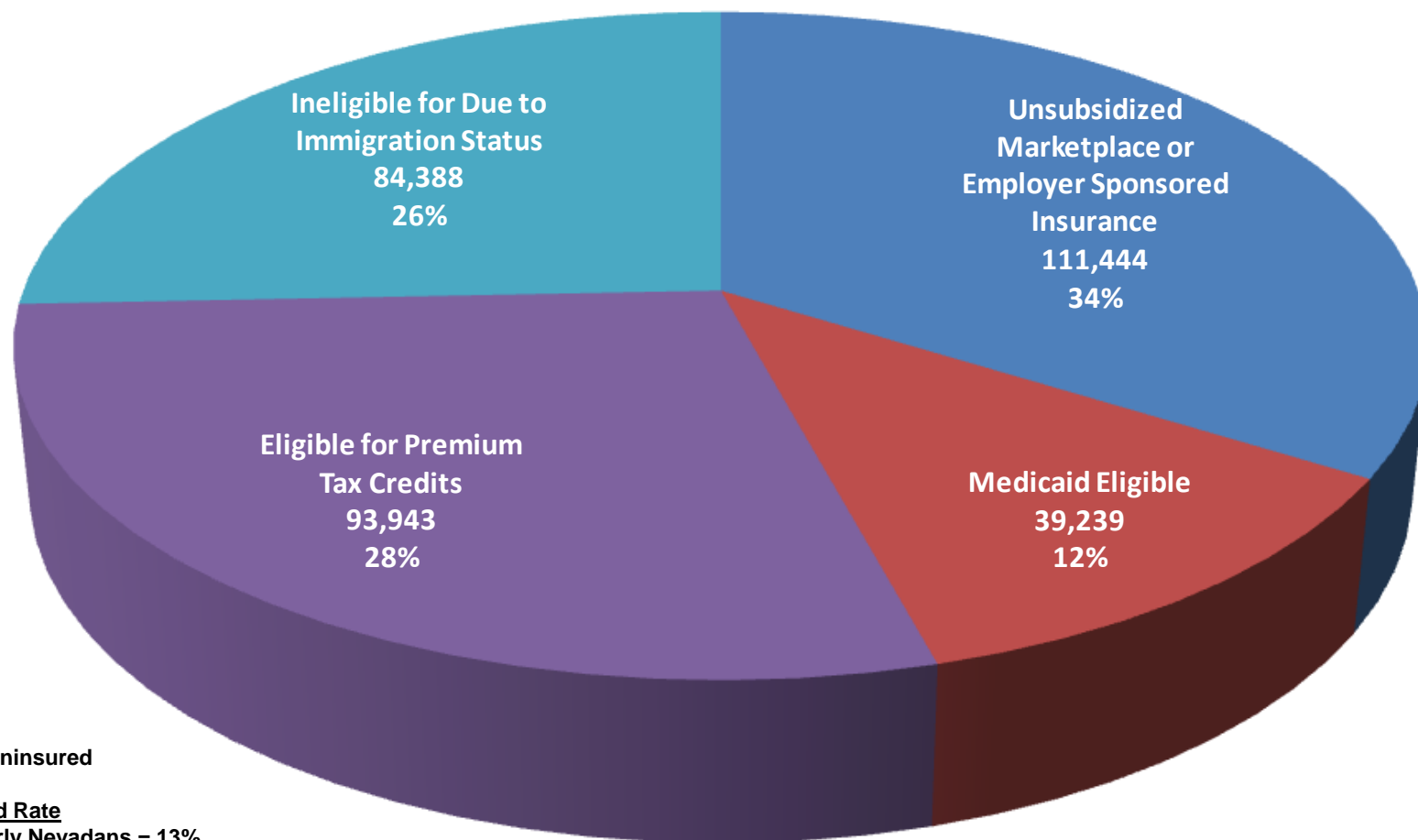
Total Population = 2,824,822



Note: Individuals may have more than one form of insurance, particularly Medicare or Military health care combined with private insurance or Medicaid.

Estimated Eligibility for Coverage among Currently Uninsured Nevadans as of July 2014

With ACA and Medicaid Expansion



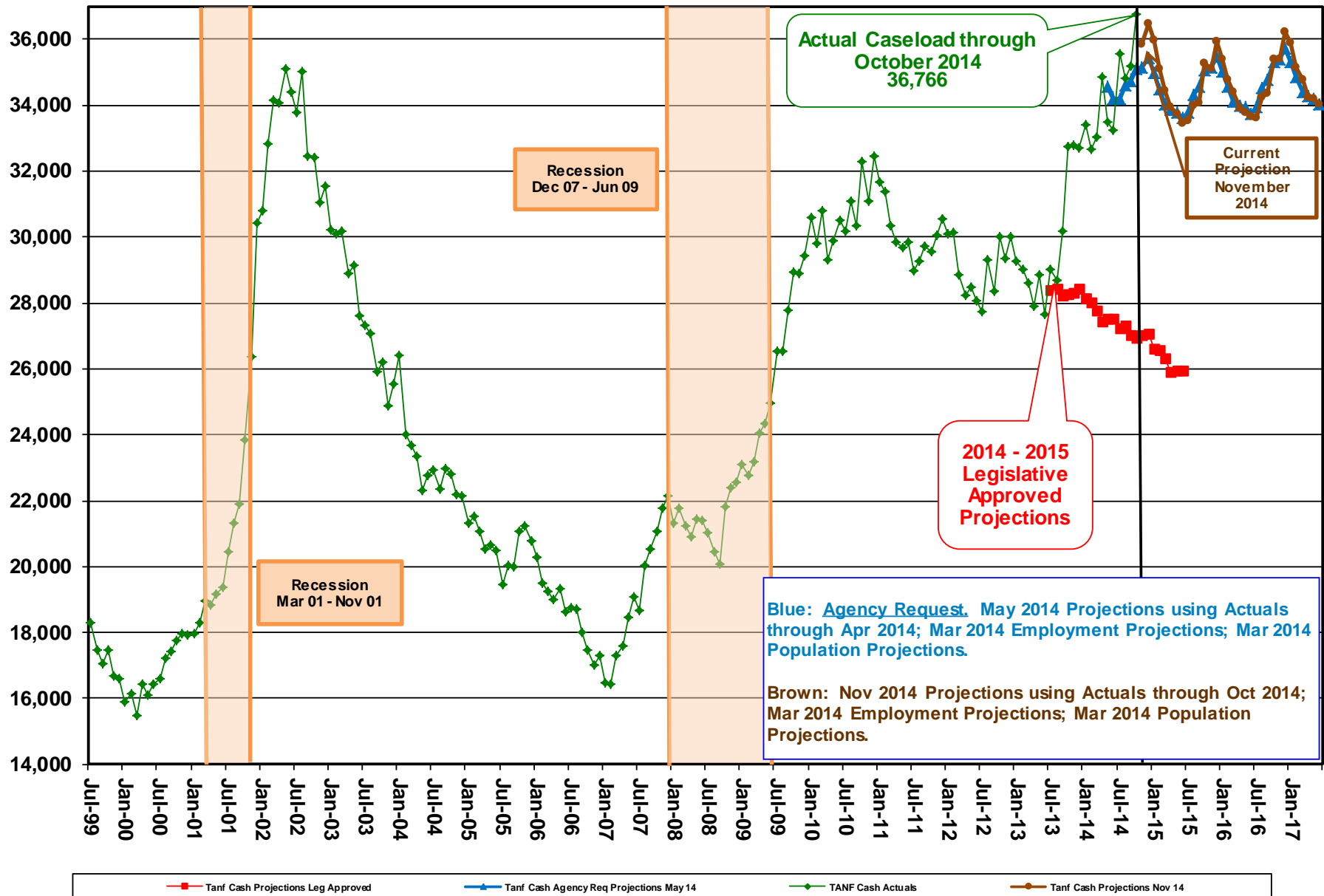
329,014 Uninsured

Uninsured Rate

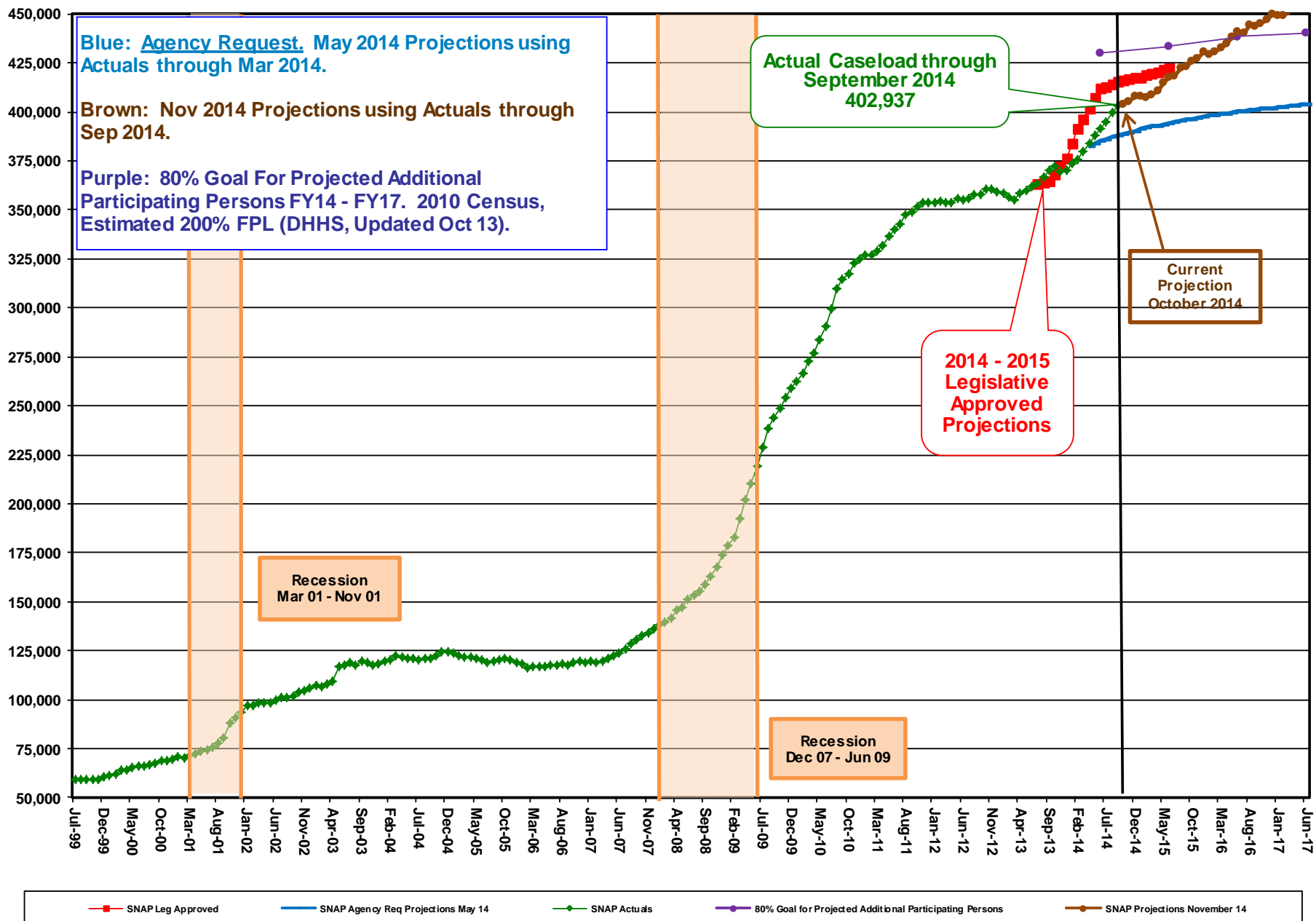
Non-Elderly Nevadans = 13%

All Nevadans = 12%

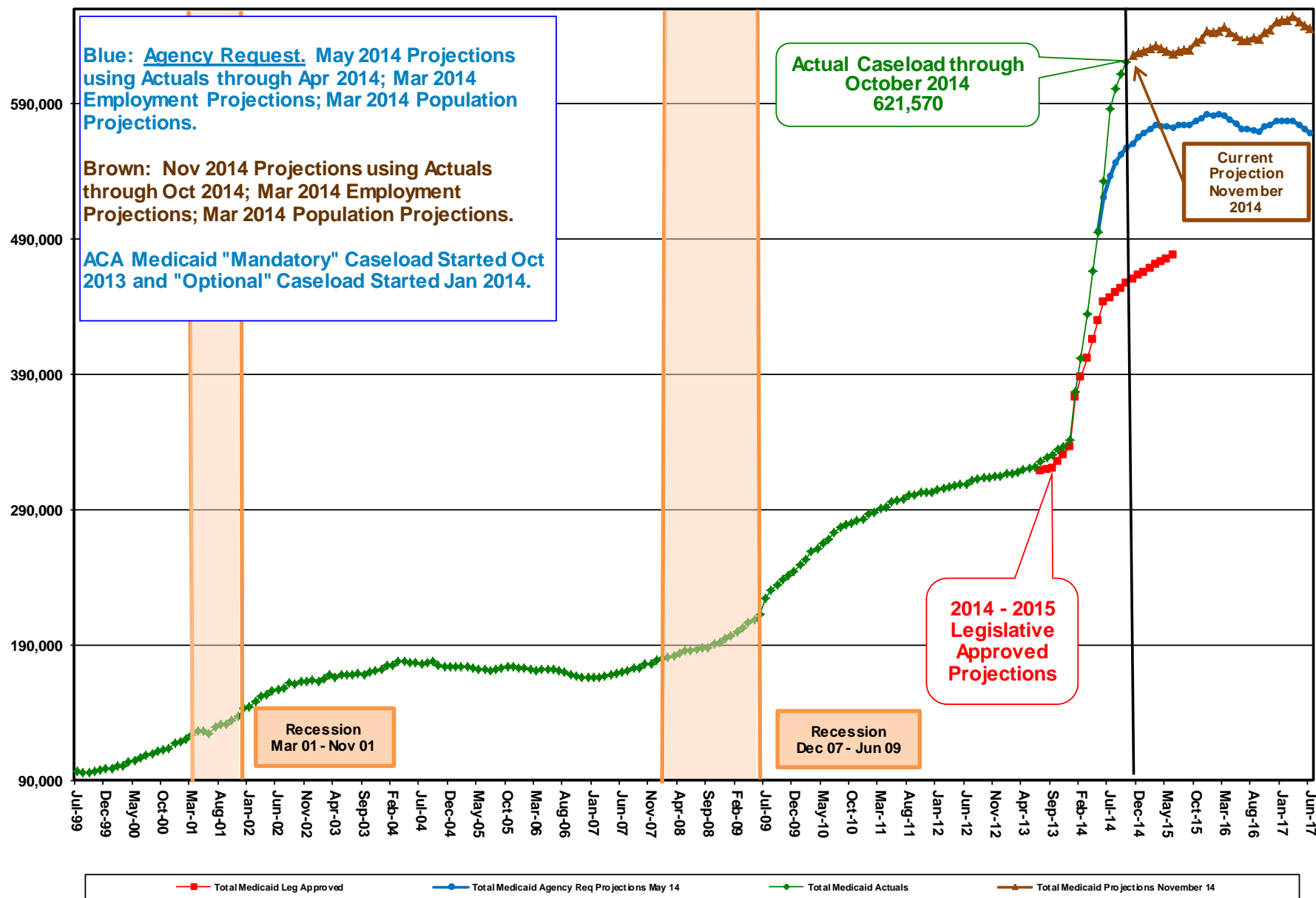
TANF Cash Projections (Includes Category 09 & 25)



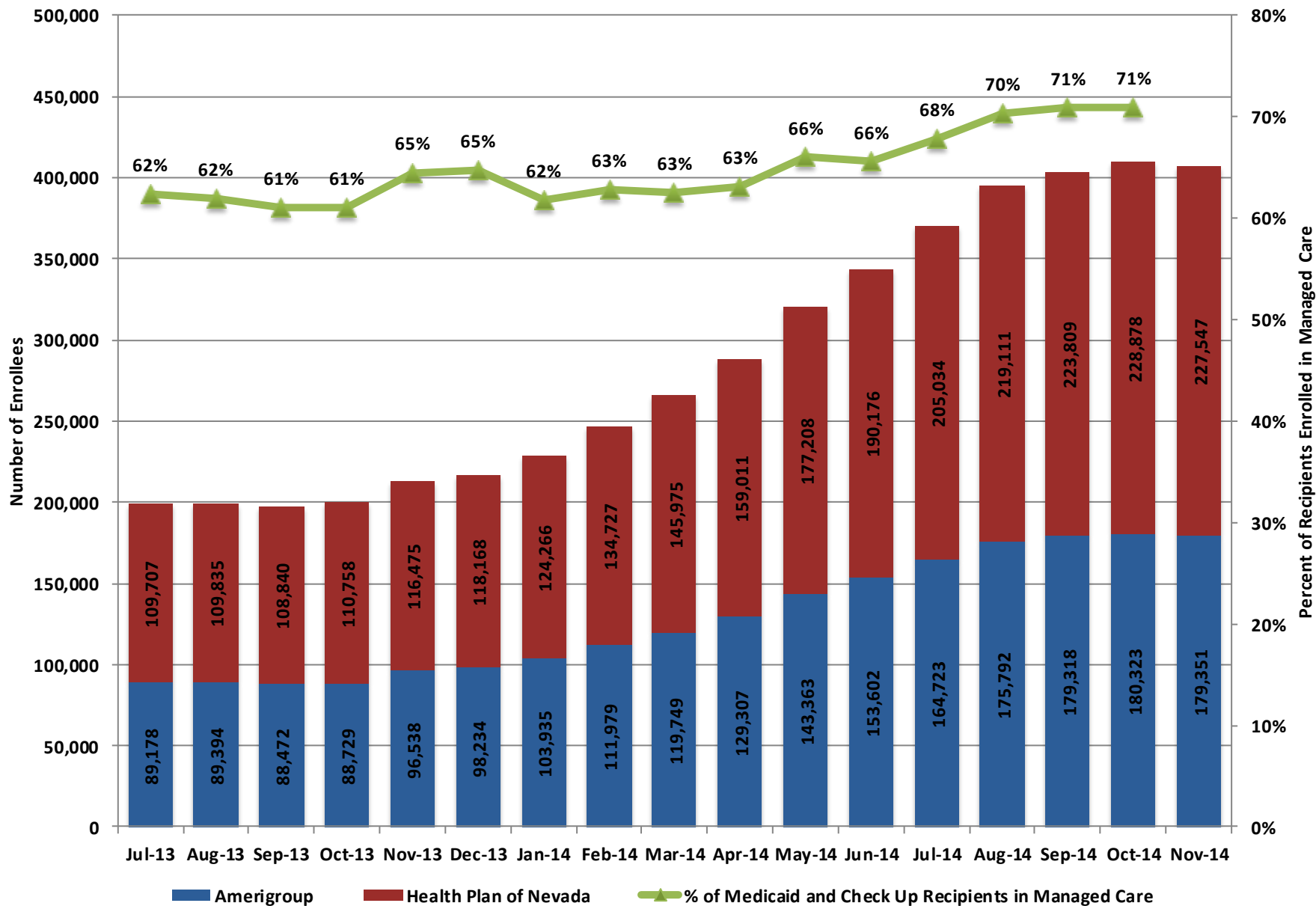
SNAP Projections



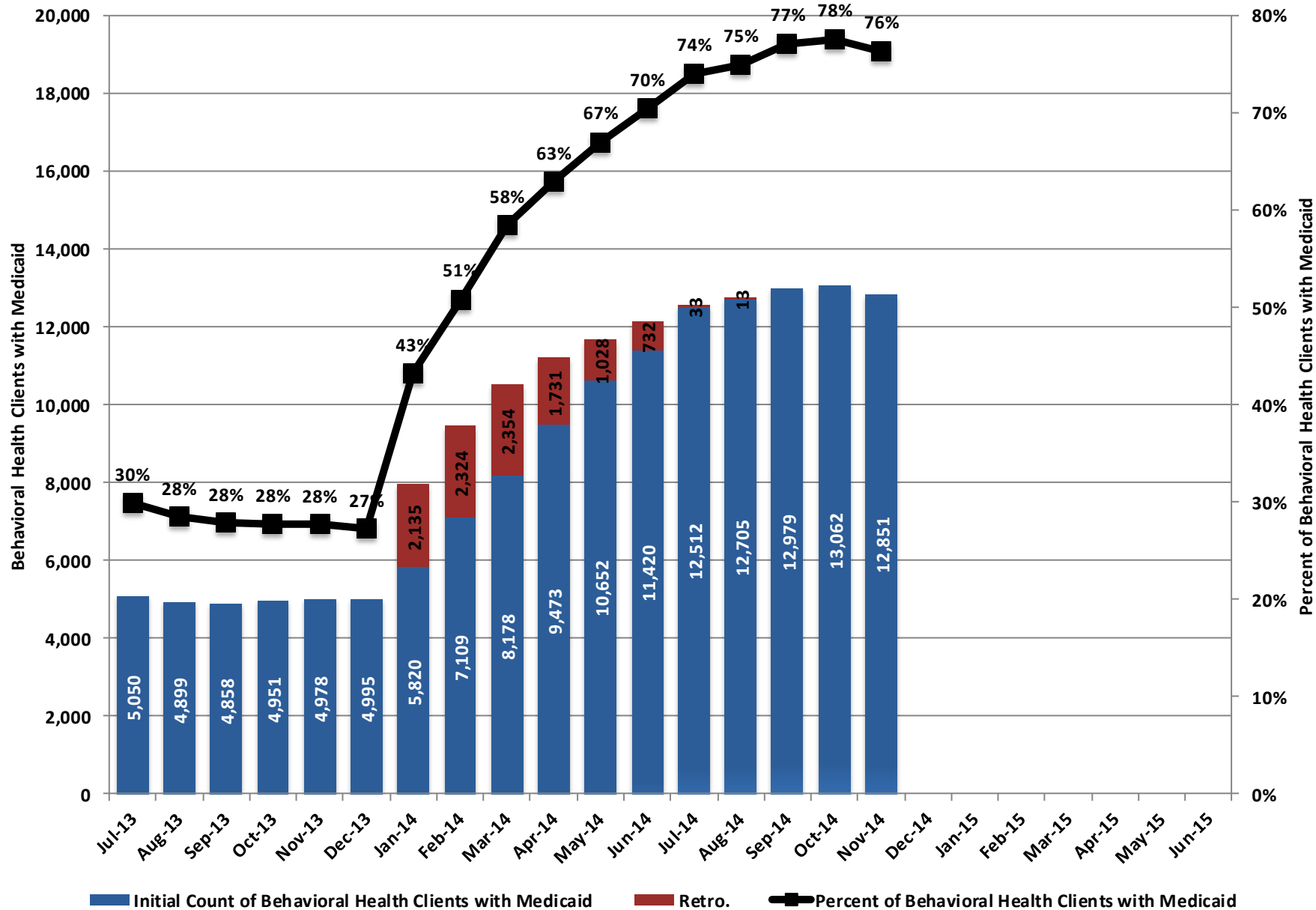
Total Medicaid with Estimated Retro Projections Using DWSS Home & Community Based Waiver Reported Numbers



Managed Care Enrollment



Behavioral Health Clients with Medicaid



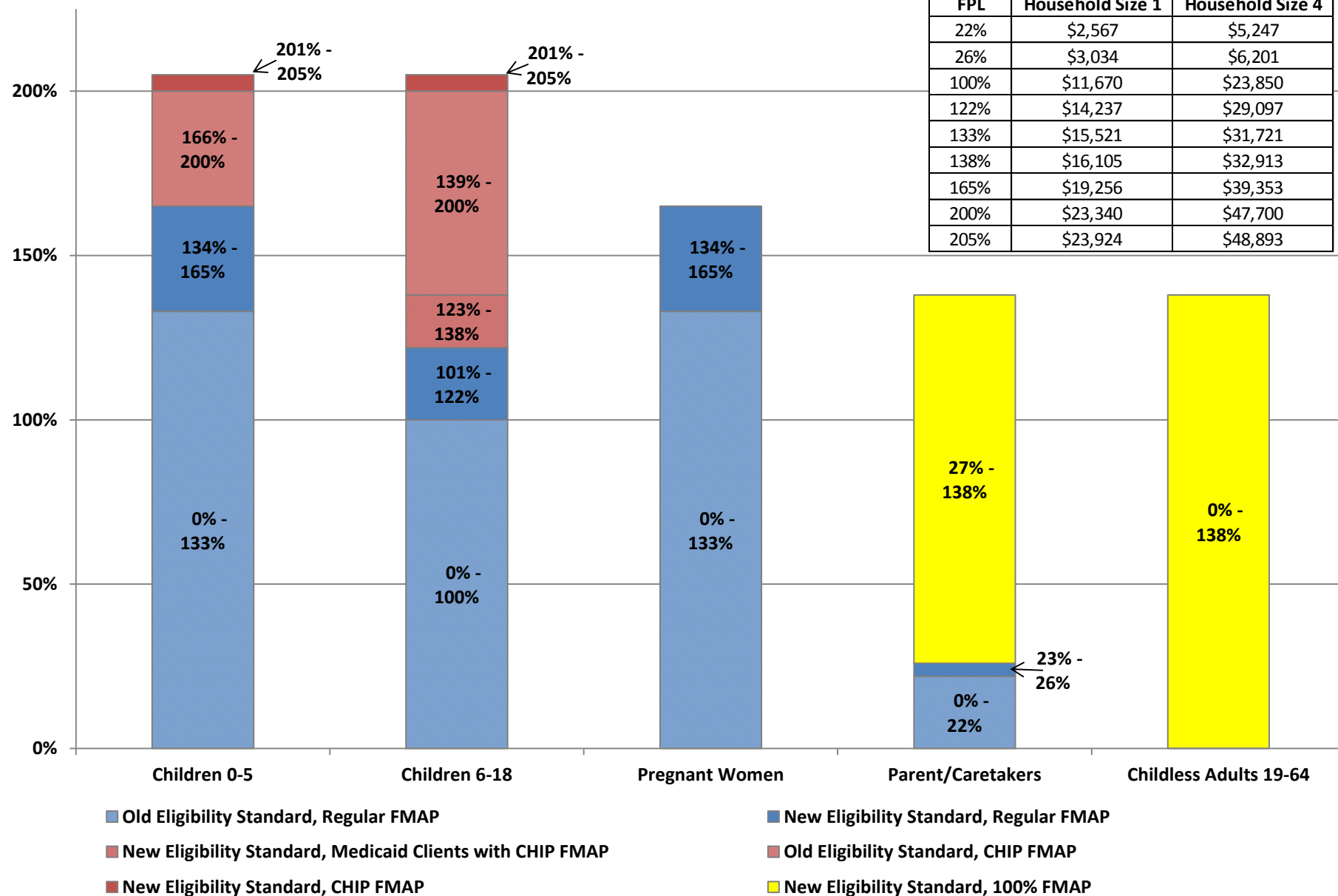
Blended FMAP

Updated September 2014

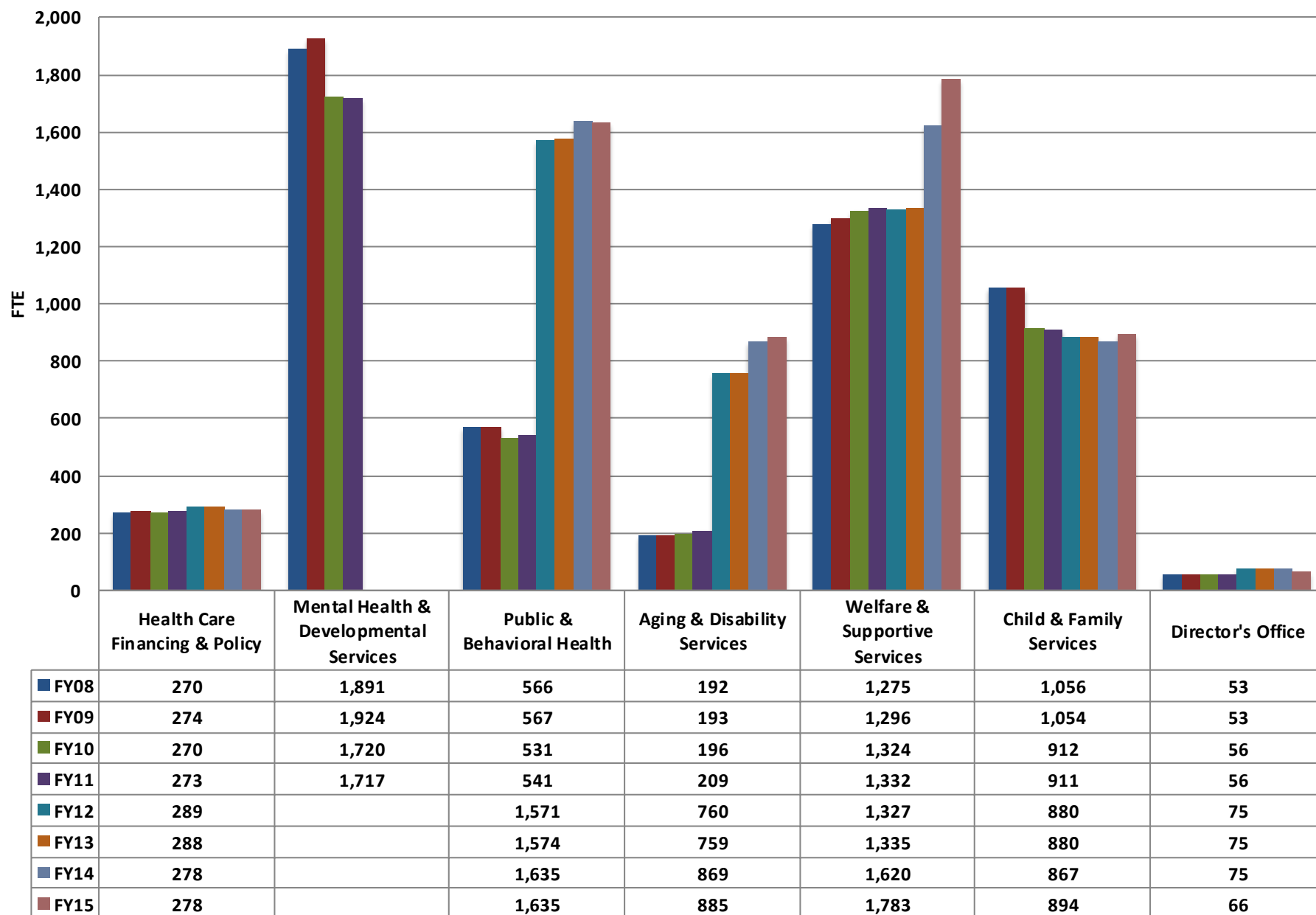
State Fiscal Year	FMAP	Enhanced (CHIP) FMAP	ACA Enhanced (CHIP) FMAP	New Eligibles FMAP
FY03	51.79%	66.25%		
	52.53%	66.77%		
FY04	54.30%	68.01%		
	55.34%	68.74%		
FY05	55.66%	68.96%		
FY06	55.05%	68.53%		
FY07	54.14%	67.90%		
FY08	52.96%	67.07%		
FY09	50.66%	65.46%		
	61.11%	72.78%		
FY10	50.12%	65.08%		
	63.93%	74.75%		
FY11	51.25%	65.87%		
	62.05%	70.44%		
FY12	55.05%	68.54%		
FY13	58.86%	71.20%		
FY14	62.26%	73.58%		100.00%
FY15	64.04%	74.83%		100.00%
FY16	64.79%		92.60%	100.00%
FY17	65.30%		98.71%	97.50%
FY18	65.71%		99.00%	94.50%
FY19	65.68%		98.98%	93.50%
FY20	65.23%		81.41%	91.50%

NOTE: The green cells reflect a 2.95% increase for the period April 2003 through June 2004. The blue cells reflect the ARRA stimulus adjusted FMAP for October 2008 through December 2010. The FMAP values for FY17 through FY20 are projections.

Medicaid Eligibility and FMAP



DHHS FTE by Division



Resources – DHHS Website dhhs.nv.gov

- *Quick Links*

- [DHHS Quick Facts “Nassir Notes” \(Next update December 2014\)](#) – Link to document
- [Ebola Tool Kit](#) - Link to page

- *About Us*

- [Budget Information](#) - Link to page

- *Reports and Publications*

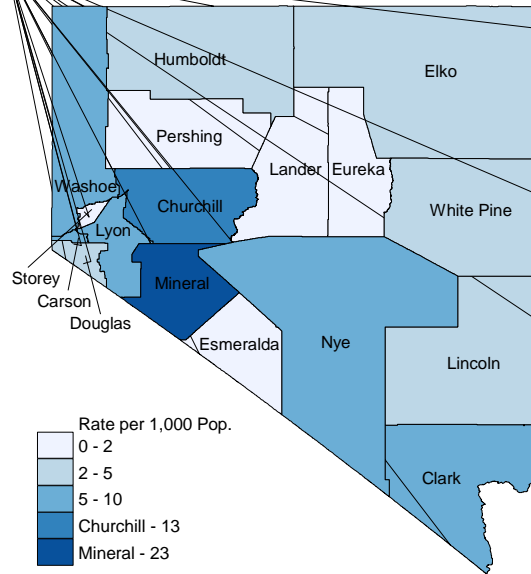
- Reports

- [Welfare Fact Book Executive Summary \(next update Feb. 2015\)](#) - Link to document
- [Medicaid Fact Book Executive Summary](#) –Link to document
- [Medicaid State Plan](#) - Link to page
- [Public Assistance Caseload](#) - Link to page
- [Medicaid Chart Pack](#) – Link to document
- [Behavioral Health Chart Pack](#) – Link to document

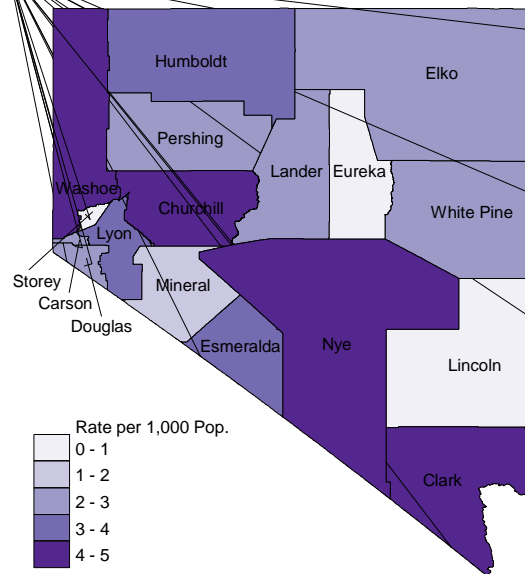
Maps – Program Participation Rates by County

Source: DHHS Caseload Data

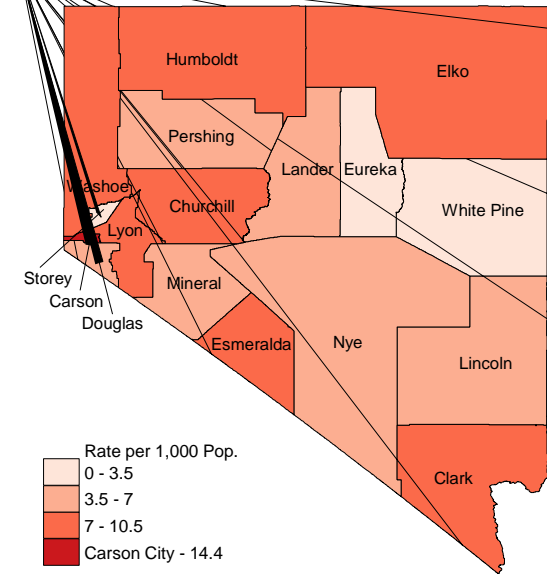
TANF Cash Participation Rate - Jul 2014



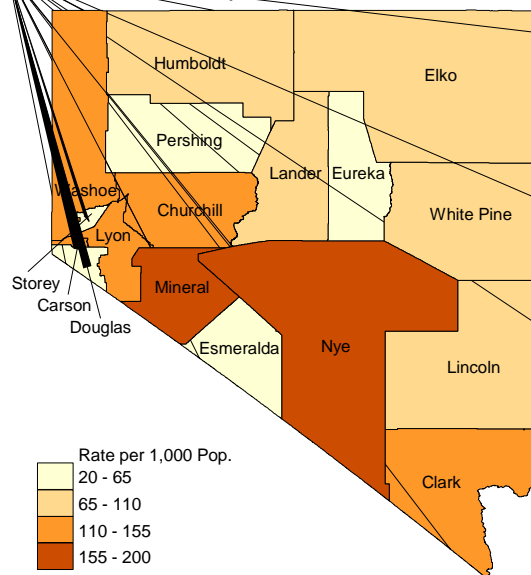
Child Welfare Participation Rate - Jul 2014



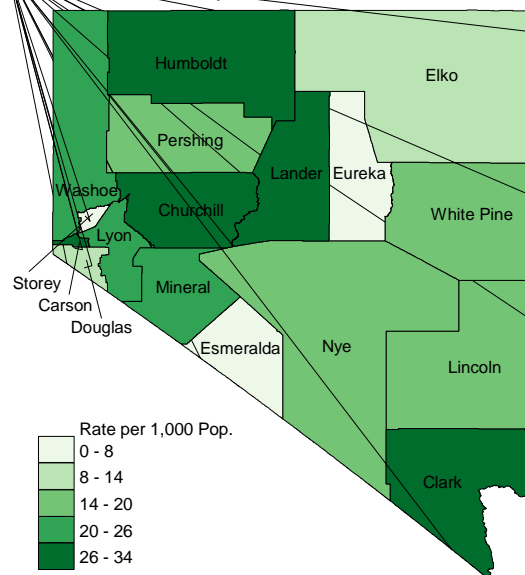
NV Check-Up Participation Rate - Jul 2014



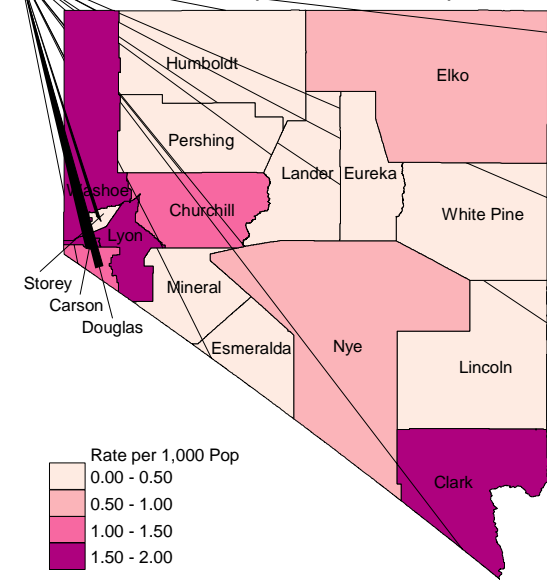
SNAP Participation Rate - Jul 2014



WIC Participation Rate - Jun 2014

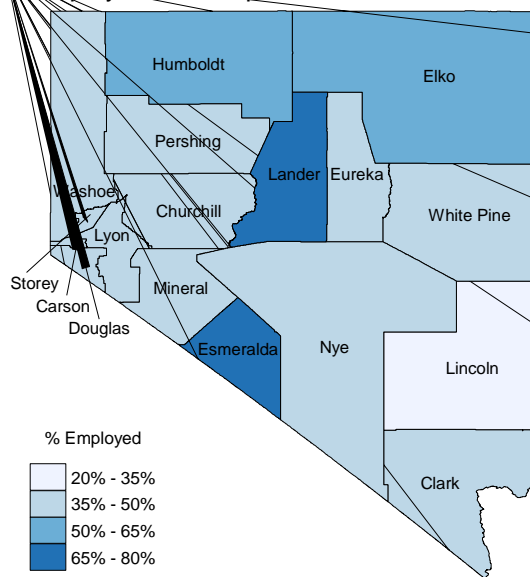


Childcare Participation Rate - Sep 2014

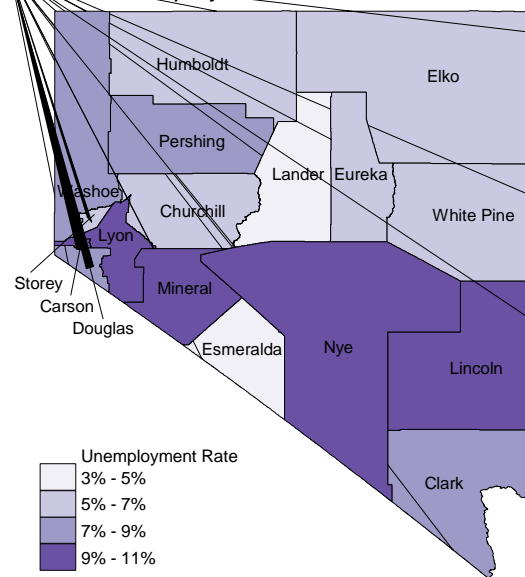


Maps – Demographic Indicators by County

Employment to Population Ratio - Jul 2014

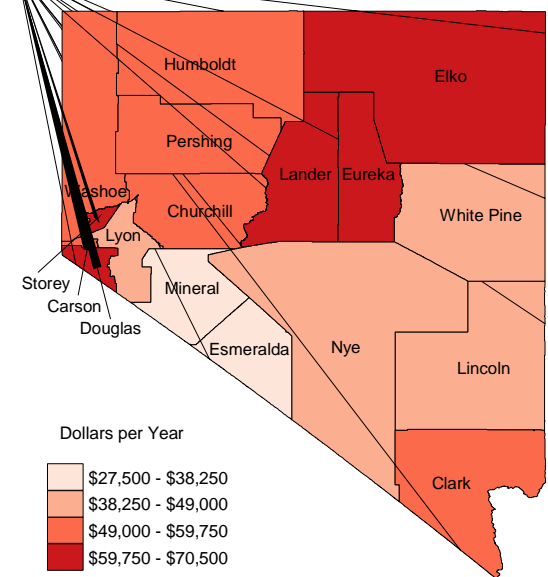


Unemployment Rate - Jul 2013

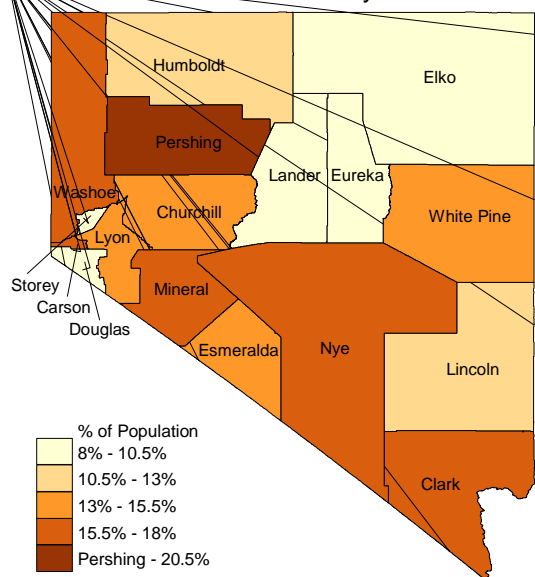


Source: Employment and Unemployment Rate – DETR;
Others – U.S. Census Bureau

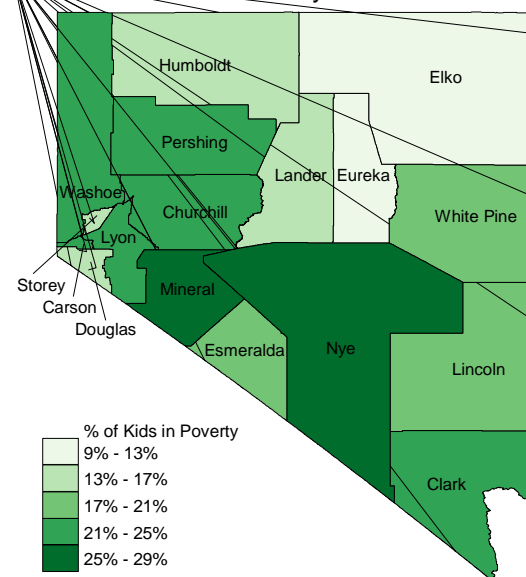
Median Household Income - 2008-2012



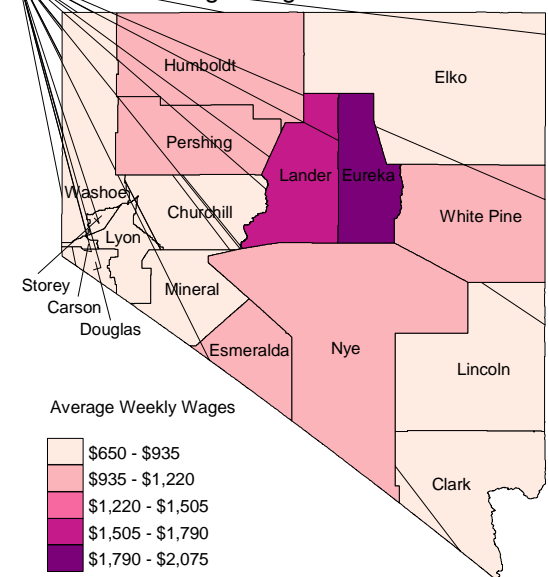
Persons below Poverty - 2012



Child Poverty - 2012



Average Wages - Jul 2014



DHHS BILL DRAFT REQUESTS

DHHS Budget Bill Draft Requests (BDR)

DOA BDR #	Division	NRS	Description
406-1045	DPBH	449.0153, 449.001, 449.0151, 449.089, 449.0301, 449.119, 449.174, 449.194, 200.5093, 427A.175, 632.472	<u>Community Health Worker Pool (CHW)</u> : Required to implement the CHW model in Nevada, including oversight and certification of workforce. CHW's are commonly characterized as lay health workers. CHW is considered an evidence-based model to improve access to health care, increase education and awareness, prevent disease and improve select health outcomes among the populations in which they reside.
403-1077	DHCFP	422.4025	<u>Medicaid Preferred Drug List (PDL)</u> : Elimination of the sunset/expiration date to enable Medicaid to continue to collect rebates on certain drugs.
406-1042	DPBH	449, NAC 449	<u>Peer Support Recovery Organizations (PSRO)</u> : Creates Peer Support Recovery Organization as a facility type to employ trained Peer Supporters to provide peer support services for individuals with mental illness, addictions or co-occurring disorders. Provides for licensure requirements.
406-1040	DPBH	449.00455	<u>SAPTA</u> : Allows DPBH to license all alcohol and drug abuse facilities that meet the NRS 449.00455 definition.

DHHS Policy BDRs

DOA BDR #	Division	NRS	Description
400-1102	DO	439.581 to 439.595	<u>Statewide Health Information Exchange System</u> : Revisions necessary to address advances in technology and lessons learned during implementation of the "State Health Information Technology Strategic & Operational Plan". Change DDHS to oversight authority rather than administrative authority.
406-1020	DPBH	439A, NAC 439A.720	<u>J-1 Physician Visa Fees</u> : Remove cap for J-1 Physician Visa Waiver application fee to allow for adequate funding for staff processing and program oversight.
402-1043	ADSD	435	<u>Early Intervention and Developmental Services into Aging and Disability Services Division</u> : Complete the integration/realignment of services of EIDS into ADSD as requested in NRS 435.
403-1081	DHCFP	422.4035	<u>Pharmacy and Therapeutic Committee (P&T Comm.)</u> : Change of membership requirements so committee may meet regularly.
403-1090	DHCFP	689A.430, 689B.300	<u>Confirmation of Medicaid Payer of Last Resort</u> : Implement trading partner agreements (TPAs) with commercial payers to acquire their monthly eligibility rosters. Ensures Medicaid is payer of last resort.

DHHS Policy BDR's continued

DOA BDR #	Division	NRS	Description
403-1103	DHCFP	428 Indigent Persons	<u>Indigent Accident Funds:</u> This will help with proper and appropriately flexible use of federal/non-federal funds for indigent care. Also abolishes fund & board related to the county match program which is no longer needed.
406-1041	DPBH	Title 40, 449, Chapter 458	<u>Alcohol and Drug Abuse Facility Licenses:</u> Seeks to require all alcohol and drug abuse facilities falling under NRS 449.00455 to be licensed by the Division. Changes authority for adoption of regulations from Division to State Board of Health.
406-1054	406-1076	453A.740	<u>Medical Marijuana Program - ID Cards:</u> Provides for DPBH to prepare and issue medical marijuana registry cards for cardholders and caregivers.
406-1093	DPBH	178.400	<u>Lake's Commitment Provisions:</u> Clarify fiscal responsibility for individuals committed to Lake's Crossing. Amends long-term commitment provisions of incompetent defendants to include only the most egregious offenses. In reviewing the eligibility of a client for discharge from conditional release, removes the requirement the court find the person no longer has a mental disorder.

DHHS Policy BDR's continued

DOA BDR #	Division	NRS	Description
406-1099	DPBH	Title 39, Chapter 433A	<u>Involuntary Commitment/Decertification</u> : Expands the practitioners that may file a petition for involuntary court-ordered admission of a person. Adds licensed physician assistants and nurse practitioners. Adds a new section to allow for decertification of a person who has had a petition initiated for involuntary court-ordered admission.
407-1088	DWSS	702.275	<u>Distribution of LIHEAP Funds</u> : Creates flexibility that's intended to maximize use of low income energy assistance program (LIHEAP) funds and universal energy charge (UEC) funds to maintain stable year round energy assistance program.
409-1203	DCFS	432.100	<u>Central Registry</u> : Allows access by certain employees of DPBH, a child welfare agency, or with the Division Administrator's approval, to a contracted agency, in order to complete daily business.
406-1060	DPBH	457, NAC 457	<u>NCCR Mammography</u> : The NCCR, in collaboration with the NV Cancer Coalition and healthcare providers are requesting NRS changes to reflect program changes. Also revise fee and penalty requirements.
406-1061	DPBH	388	<u>Youth Risk Behavior Surveillance Survey (YRBS)</u> : Standardize parental permission requirements to the use of passive parental permission in all school districts to conduct YRBS. Action is needed to affect response rates for the survey.
406-1076	DPBH	453A.740	<u>Medical Marijuana Program - ID Cards</u> : Provides for DPBH to prepare and issue medical marijuana registry cards for cardholders and caregivers.

DHHS LEADERSHIP

Romaine Gilliland, DHHS Director

(775) 684-4000, rgilliland@dhhs.nv.gov

As the DHHS Director, Romaine oversees five divisions including Aging and Disability Services; Child and Family Services; Health Care Financing and Policy (Medicaid); Public and Behavioral Health; and Welfare and Supportive Services. In addition, he has oversight of the programs managed within the Director's office and the Nevada Public Defender's Office. Romaine is responsible for over 5,400 employees with an annual operating budget of over \$7.4 billion (nearly one third the entire state budget).

Romaine believes strongly in the mission of his Department which is to promote the health and well-being of Nevadans through the delivery or facilitation of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.

Prior to accepting the Governor appointment as DHHS Director, Romaine served as an Officer on the Public Employees Retirement Board, and as Director for the Nevada Public Health Foundation. In addition, he was interim Director for Carson City Health and Human Services Department. Romaine retired from state service in 2012 as the Administrator of the Division of Welfare and Supportive Services. Prior to that, Romaine served as Chief Financial Officer for the Nevada Department of Employment, Training and Rehabilitation, and served in many capacities at DWSS including Deputy Fiscal Administrator.

Romaine has been a Carson City resident since 1987. He received his Bachelor of Science from the University of Nevada, Reno and is licensed as a CPA. He has held a variety of senior management positions in private sector multinational manufacturing companies and for several years operated a public accounting firm.

Dena Schmidt, Deputy Director, Programs

(775) 684-4000, dena.schmidt@dhhs.nv.gov

As the DHHS Deputy Director of Programs, Dena manages the Director's Office Programs to include the Grants Management Unit, IDEA Part C Office, Tribal Liaison Office, Office of Consumer Health Assistance, Office of Minority Health, and 211. In addition, she serves as a liaison for the Governor's Council on Developmental Disabilities.

Previous to this she served as the Medicaid Specialist for the Division of Welfare and Supportive Services (DWSS) and prior to that was the Chief of Supportive Services for the Aging and Disability Services Division (ADSD).

Dena has extensive experience in research, policy development, and system design relating to public assistance programs in addition to 12 years' specific experience with the Nevada Medicaid Program. Dena holds a Bachelor's degree from the University of Nevada, Reno.

Kareen Masters, Deputy Director

Administration (775) 684-4000,

kmasters@dhhs.nv.gov

As the DHHS Deputy Director of Administration, Kareen provides oversight and coordination of human resources and legislative liaison activities across the divisions of DHHS and also supervises the public information unit in the Director's Office.

Kareen was formerly the department's human resources manager and previously worked for the State Personnel Department in the areas of classification, compensation, and policy development. Prior to joining the State, she served as a human resources manager in the banking industry. Kareen holds a Bachelor of Science degree from the University of Nevada, Reno.

Ellen Crecelius, Deputy Director Fiscal

(775) 684-4000, ecrecelius@dhhs.nv.gov

As the DHHS Deputy Director of Fiscal, Ellen is responsible for the Department's fiscal services and information technology. Ellen leads the Fiscal Administrative Services Team and provides oversight of DHHS's five divisions and the Public Defender's Office on budget development, budget management, contracting, and other fiscal issues. Ellen also supervises the Fiscal and Research and Analysis units in the Director's Office.

Ellen was formerly the Management Analyst and Econometrician in the Director's Office Research and Analysis Unit. In these positions, she coordinated the Department's caseload data, developed caseload forecasts, and undertook research and statistical analysis of policy and fiscal issues. Prior to joining DHHS, Ellen conducted economic and policy analysis for the State of Oregon as a Tax Economist at the Oregon Department of Revenue and Senior Economist at the Oregon Department of Transportation.

Ellen holds a Ph.D. in Economics from the University of Connecticut with a concentration in Health Economics and Public Finance. She also holds a Bachelor's Degree from the University of California, Davis, with majors in Economics and Russian.

Karin Kreizenbeck, Nevada State Public Defender,

(775) 684-1080, klkreizenbeck@govmail.state.nv.us

As the Nevada State Public Defender, Karin is responsible for providing indigent criminal defense for various rural counties throughout the State of Nevada. Karin started as a Deputy State Public Defender in Carson City in 1998. She was promoted to Chief Deputy, and in 2013, she was appointed Nevada State Public Defender by Governor Sandoval. Karin has dedicated her career to ensuring that all citizens of Nevada have equal access to justice, regardless of economic status.

Karin is a member of the Nevada Supreme Court Indigent Defense Commission and also serves on its Rural Subcommittee. She is a member of the National Association of Criminal Defense Lawyers and the National Association of Drug Court Professionals. She participates in several specialty courts, including Drug Court and Mental Health Court.

Karin received a Bachelor of Arts Degree in Economics from University of California, San Diego and minored in Spanish and Law and Society. She was a member of the soccer team which won a National Championship. She received her Juris Doctor from Santa Clara University School of Law.

Jane Gruner, Administrator, Aging and Disability Services (ADSD)

(775) 687-0515, jgruner@adsd.nv.gov

As the ADSD Administrator, Jane oversees programs and services that provides leadership and advocacy in the planning, development and delivery of a high quality, comprehensive support service system across the lifespan. Her Division helps all of Nevada's elders, adults and children with disabilities or special health care needs live independent, meaningful, and dignified lives in the most integrated setting appropriate to their needs.

Jane led the efforts to integrate Early Intervention Services and Developmental services into the existing division.

Prior to becoming the Administrator, Jane served as Deputy Director of Programs for DHHS. She was also the former Deputy Administrator for DHHS's Mental Health and Developmental Services Division where she worked to integrate programs serving individuals with intellectual disabilities and related conditions. She has served Nevadan's through DHHS since 1978.

Jane is a licensed Marriage and Family Therapist and has a Master's degree in Counseling and Personnel Services from the University of Nevada, Reno, and a Bachelor of Science degree in Special Education from the University of Wisconsin.

Amber Howell, Administrator, Division of Child and Family Services (DCFS)

(775) 684-4459, ahowell@dcfs.nv.gov

As the DCFS Administrator, Amber is responsible for child protective and welfare service delivery in rural Nevada and oversight of urban county-operated child protective and welfare services; children's mental/behavioral health treatment and residential services (outpatient and inpatient acute) in urban Nevada; and, statewide juvenile justice services including state-operated youth training centers and youth parole. Amber started with DCFS in 2006 as a Social Services Chief II. She was promoted to Deputy Administrator for Child Welfare in 2009 and appointed Administrator for DCFS in 2012.

Amber is a native Nevadan and received her Bachelor of Arts in Psychology from the University of Nevada, Reno. Amber has dedicated her career to the safety of children and improving family functioning. She believes every child should live in a stable home, learn and grow in self-esteem and embrace a sense of hope about the future.

Amber is a member of the National Association of Child Welfare Administrators, Child Welfare League of America, Blue Ribbon Commission on Child Welfare, Task Force on the Prevention of Sexual Abuse of Children, Nevada Children's Behavioral Health Consortium, and the Commission on Statewide Juvenile Justice Reform.

Laurie Squartsoff, Administrator, Division of Health Care Financing and Policy (DHCFP)

(775) 684-3677, laurie.squartsoff@dhcfp.nv.gov

As the DHCFP Administrator, Laurie oversees the Nevada Medicaid program. She has a background unlike many within Medicaid programs because she started her healthcare career as a pharmacist working in retail pharmacy and in a state hospital before she transitioned to work within Nevada Medicaid.

During this time, she also served on the Washoe County Board of Health. An opportunity to work for Medi-Cal took her to California for several years giving her the opportunity to work with both a small and large state Medicaid program. In addition, she has served as an Account Executive for Eli Lilly and Company and as a consultant with Professional Provider Services.

Away from the office, Laurie balances her time with family and friends with service on community and professional committees including the City of Sparks Charter Committee and the CE committee for the NV Board of Pharmacy.

With her training as a healthcare professional and work experiences, Laurie brings with her a focus on developing collaborative efforts to improve the health of Nevadans.

Richard Whitley, Administrator, Division of Public and Behavioral Health (DPBH)

(775) 684-4224, rwhitley@health.nv.gov

As the DPBH Administrator, Richard oversees a public and private network of programs involving mental health, substance abuse and developmental disabilities, as well as, operating the Rawson-Neal (Las Vegas), Dini-Townsend (Reno/Sparks), Psychiatric Hospitals, and Lake's Crossing Center forensic facility.

As Administrator, Richard is directly responsible for promoting and protecting the health of all Nevadans and visitors to the state through proactive leadership in public health initiatives, coupled with enforcement of the public health laws and regulations. The responsibilities also involve aggressive measures, as may be necessary, to prevent the spread of sickness and disease through surveillance, intervention, and education, to include public health preparedness. The Division Administrator also serves as Secretary to the Nevada State Board of Health.

Whitley began state service as the senior psychologist for the Women's Correctional Facility in 1986. He holds a Bachelor's degree from Willamette University, Oregon; and a Master of Science degree in Counseling Psychology, from Western Oregon University.

Steve Fisher, Administrator, Division of Welfare and Supportive Services (DWSS)

(775) 684-3677, shfisher@dwss.nv.gov

As the DWSS Administrator, Steve is lead for the 2015 Supported State Based Marketplace (SSBM) Affordable Care Act (ACA) open enrollment project coordinating activities between Deloitte Consulting and the State. In addition, Steve oversees Temporary Assistance for Needy Families (TANF) Program, Supplemental Nutrition Assistance Program (SNAP) (formerly known as the Food Stamp Program), Child Support Enforcement Program, Child Care Assistance Program, Employment and Training Programs for TANF and SNAP recipients, Energy Assistance Program, and eligibility for Nevada's Medicaid Program.

Steve has strong program and health care knowledge and received his Bachelor's degree from the University of Nevada, Reno.

Other Key DHHS Contacts

- Chief Medical Officer, Dr. Tracey Green, (775) 684-3215, tgreen@health.nv.gov
- DHHS Executive Assistant, Karri Couste, (775) 684-4003, klcouste@dhhs.nv.gov
- DHHS PIO, Mary Woods, (775) 684-4024, mary.woods@dhhs.nv.gov
- DWSS PIO, Miki Allard, (775) 684-0505, mallard@dwss.nv.gov

DHHS DIRECTOR'S OFFICE

[Link to Expanded Presentation](#)

Director's Office Services

- Grants Management including Children's Trust Fund, Community Services Block Grant, Title XX Social Services Block Grant, Family Resource Centers, Differential Response, Fund for a Healthy Nevada, Prevention and Treatment of Problem Gambling, and Victims of Human Trafficking
- 2-1-1 Partnership
- Office of Food Security
- Office of Consumer Health Assistance
- Office of Minority Health
- Governor's Council on Developmental Disabilities
- IDEA Part C
- Tribal Liaison Office
- Office of Health Information Technology

Director's Office Hot Topics

- Food Security
 - The Office of Food Security (and, along with that, the Food Security Strategist) was elevated out of the Grants Management Unit to establish a more direct connection with DHHS Divisions and other Departments.
 - The Grants Management Unit's second competitive solicitation for grants intended to relieve hunger in Nevada will be published in late January with a proposed increase in funding.
- Nevada 2-1-1 funding is going out to bid for the SFY16-17 biennium, resulting in one contract instead of multiple grants. A statewide coordinator is working to bring the system up to its maximum potential.
- The Contingency Account for Victims of Human Trafficking has accumulated a small amount of funds since it was created in the last legislative session and plans are pending to utilize the funds in SFY16.

Director's Office Bill Draft Request

DOA BDR #	Division	NRS	Description
400-1102	DO	439.581 to 439.595	<u>Statewide Health Information Exchange System</u> : Revisions necessary to address advances in technology and lessons learned during implementation of the "State Health Information Technology Strategic & Operational Plan". Change DHHS to oversight authority rather than administrative authority.

NEVADA STATE PUBLIC DEFENDER (NSPD)

[Link to Website](#)

Nevada State Public Defender

NSPD provides comprehensive criminal defense to its counties from misdemeanors to death penalty cases to specialty courts; from the very first appearance in justice court to a final appeal – even to the United States Supreme Court.

Currently, four counties use NSPD to provide indigent defense: Carson, Storey, Eureka, and White Pine.

Nevada has three basic types of crimes – felonies, gross misdemeanors, and misdemeanors and NSPD defends all of them from petit larceny to murder.

Specialty Courts: Adult Drug Court, Juvenile Drug Court, Families First Dependency Court, and Mental Health Court

Professional Staff: Appellate, Trial, Death Penalty Attorneys, and an Investigator.

Nevada State Public Defender – Hot Topics

The Nevada State Public Defender's Office was created in 1971 to provide indigent defense services to all counties except Washoe, Clark, and Douglas. Douglas County joined in 1975. The cost of indigent defense was to be paid from a State fund for indigent defense.

In 1973 NRS Chapter 180 (which governs the State Public Defender's Office) was changed to allow the state to charge the counties for indigent defense services. Gradually, the state increased the fees to the counties and many of the counties "opted out" through a statutory mechanism located in NRS Chapter 260. According to NRS Chapter 260, a county board of supervisors must notify the State Public Defender by March 1 of every odd-numbered year if they want to either join the State Public Defender or stop using it to provide indigent defense.

AGING AND DISABILITY SERVICES DIVISION (ADSD)

[Link to Expanded Presentation](#)

ADSD Mission and Vision

Mission: Ensure the provision of effective supports and services to meet the needs of individuals and families, helping them lead independent, meaningful and dignified lives.

Vision: Nevadans, regardless of age or ability, will enjoy a meaningful life led with dignity and self-determination.

Philosophy: ADSD seeks to understand and respond to the individual and his/her needs using principles of:

- Accessibility
- Accountability
- Culturally and linguistically appropriate services
- Ethics
- Mutual respect
- Timeliness
- Transparency

ADSD Summary of Operations

The Aging and Disability Services Division is responsible for providing services to Nevada's seniors, persons with physical disabilities, persons with intellectual disabilities, and infants and toddlers with developmental and physical disabilities or special healthcare needs. ADSD's program areas include:

- **Nevada Early Intervention Services:** identifies infants and toddlers who are at risk for or have developmental delays; provides services and support to families to meet the individualized developmental needs of their child; and facilitates the child's learning and participation in family and community life through the partnership of families, caregivers and service providers.
- **The Autism Treatment Assistance Program:** provides access to treatment for autism which uses Applied Behavior Analysis (ABA) techniques for increasing useful behaviors and reducing those that may be harmful or that interfere with learning, in order to bring about meaningful behavior change.
- **Developmental Services:** provides or purchases services for people with intellectual disabilities and related conditions and their families. Services purchased or provided include: service coordination, family supports, residential supports, jobs and day training, psychological services, nursing services, and quality assurance.
- **Aging and Disability Services:** provides resources at the community level that assist seniors and people with severe disabilities and their families in helping them to live as independently as possible in an integrated setting. In addition, the Elder Protective Services (EPS) Program receives and investigates reports of abuse, neglect, self neglect, exploitation, and isolation of persons aged 60 years and older.

ADSD Hot Topics

Population growth and demographic changes.

- In 2000, 304,000 (15.1%) of Nevadans were 60 and older, by 2030 slightly over 1 million (25.2%) will be 60 and older.
- The current service system will need to grow in capacity and in expertise to serve the changing demographics.

Growth in the incidence of Alzheimer's Disease and dementia.

- 1 in 9 people over age 65 have Alzheimer's Disease
- 1/3 of people aged 85 and older have Alzheimer's Disease
- Every state and region across the country is expected to experience double-digit percentage increases in the numbers of people with Alzheimer's due to increases in the proportion of the population age 65 and older. In Nevada, it is estimated that the state will see an increase of 50-80%.
- This is expected to have a serious impact to the healthcare system and families.

Persons with Intellectual Disabilities are also aging.

- Over 75% of people with ID live with families, and more than 25% of family care providers are over the age of 60 years and another 38% are between 41-59 years
- Medical advances and technology have improved the life expectancy of persons with an ID and the number of these persons who are considered aging is expected to double by 2030.
- Service system impacts come by way of both the aging person and their aging family caregivers.

Growth in the demand for services for children with Autism Spectrum Disorder (ASD).

- 1 in 68 children is diagnosed with autism.
- In Nevada, over 6,000 children have a diagnosis of autism.
- Early diagnosis and treatment are critical to the long term outcomes of children with ASD.

ADSD Bill Draft Requests

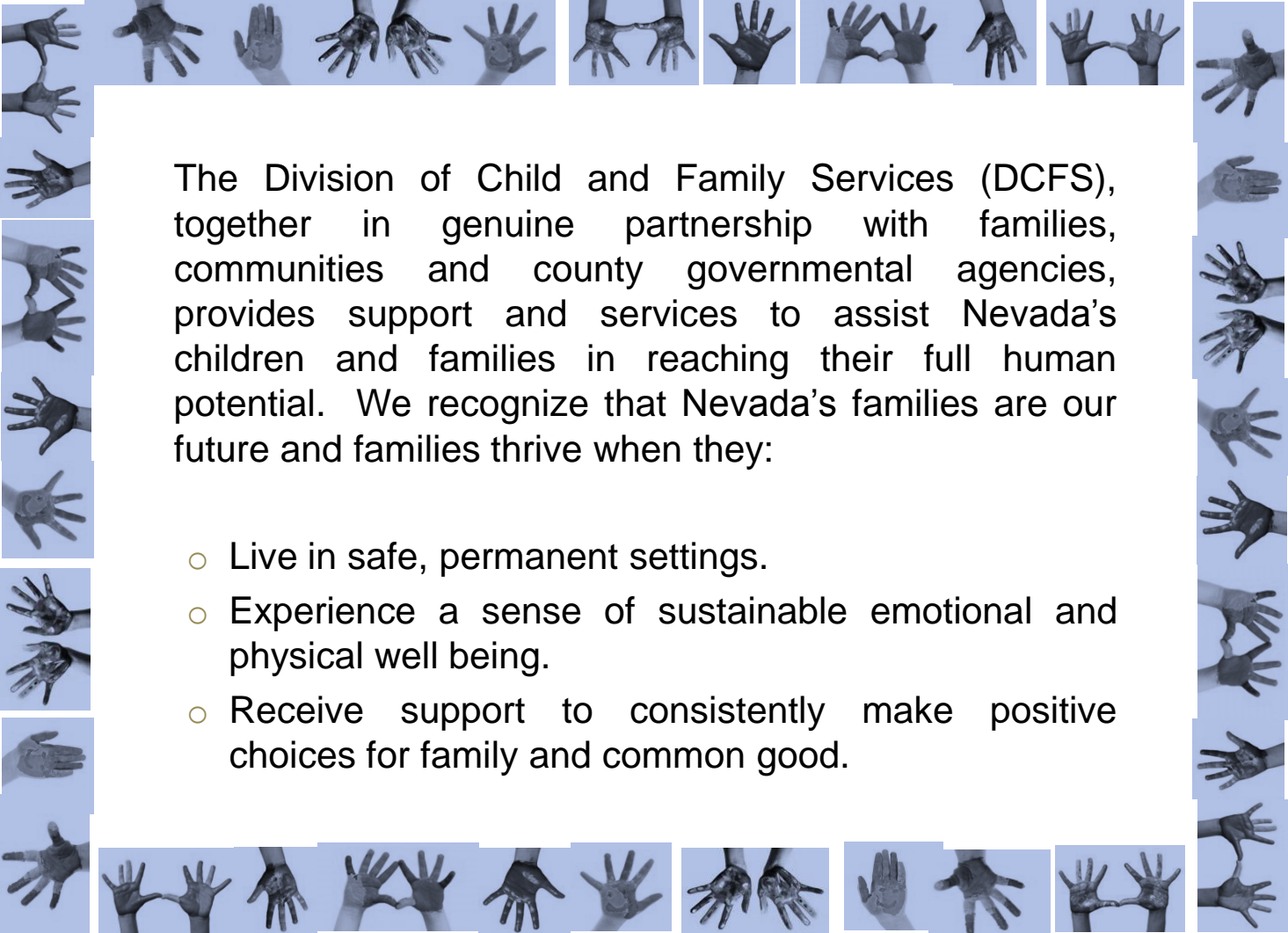
BDR # 15A4021043 Clean Up Bill

The 2013 Legislature approved AB488 which merged Early Intervention and Developmental Services into Aging and Disability Services Division. Several areas of the NRS guiding the Division of Mental Health and Developmental Services and essential to the work of Developmental Services were not integrated into NRS 435. This bill will address the areas needing to be realigned.

DIVISION OF CHILD AND FAMILY SERVICES (DCFS)

[Link to Expanded Presentation](#)

DCFS Mission Statement



The Division of Child and Family Services (DCFS), together in genuine partnership with families, communities and county governmental agencies, provides support and services to assist Nevada's children and families in reaching their full human potential. We recognize that Nevada's families are our future and families thrive when they:

- Live in safe, permanent settings.
- Experience a sense of sustainable emotional and physical well being.
- Receive support to consistently make positive choices for family and common good.

DCFS Summary of Agency Operations

Division of Child and Family Services (DCFS) is responsible for child protective and welfare service delivery in rural Nevada and oversight of urban county-operated child protective and welfare services; children's mental/behavioral health treatment and residential services (outpatient and inpatient acute) in urban Nevada; and, statewide juvenile justice services including state-operated youth training centers and youth parole. A non-exhaustive list of DCFS' program areas includes:

- **Administrative and Other Services:** child protective and welfare quality assurance/improvement and oversight, information management, central office fiscal support, personnel services, systems advocate services and grants management. Budgets include 3143 UNITY/SACWIS; 3145 Children, Youth and Family Administration; and 3181 Victims of Domestic Violence.
- **Children's Mental/Behavioral Health Services:** screenings and evaluations, early childhood services, outpatient therapy, wraparound case management and residential and inpatient/acute treatment services and mobile crisis. Budgets include 3281 Northern Nevada Child and Adolescent Services (NNCAS) and 3646 Southern Nevada Child and Adolescent Services (SNCAS).
- **Child Protective and Welfare Services:** clinical and case management services and programs that respond to caregiver maltreatment/abuse of children and children's need to achieve permanency such as intensive family preservation services, foster care, adoption services and independent living services. Budgets include 3141 Washoe County Child Welfare Integration; 3142 Clark County Child Welfare Integration; 3229 Rural Child Welfare; 3242 Child Welfare Trust; 3250 Transition from Foster Care; and 3251 Child Death Reviews.
- **Juvenile Justice Services:** youth rehabilitation, treatment and community safety, and youth commitment to state-operated juvenile facilities with behavioral health services and supervision of youth upon release to their communities (parole). Budgets include 1383 Community Juvenile Justice programs; 3147 Youth Alternative Placement; 3148 Summit View Youth Correctional Center (SVYCC); 3179 Caliente Youth Center (CYC); 3259 Nevada Youth Training Center (NYTC); and 3263 Youth Parole Services.

DCFS Hot Topics

- Commission on Statewide Juvenile Justice Reform - Recommendations
- Specialized Foster Care Pilots

DCFS Bill Draft Request

Most of the Child Welfare and Juvenile Justice policy recommendations that impact statutes have been discussed, vetted and recommended through the Child Welfare/Juvenile Justice Legislative Committee, therefore DCFS has only one BDR for the upcoming Legislative Session that is a housekeeping bill to allow the appropriate agencies to access the Central Registry System.

DIVISION OF HEALTH CARE FINANCING AND POLICY (DHCFP)

[Link to Website](#)

DHCFP Mission

Mission: To purchase and provide quality health care services to low income Nevadans in the most efficient manner; promote equal access to health care at an affordable cost to the taxpayers of Nevada; restrain the growth of health care costs; and review Medicaid and other state health care programs to maximize potential federal revenue.

DHCFP Mandatory Covered Services

Federal law requires this set of “mandatory services:”

- Physician’s services
- Hospital Services
- Laboratory and x-ray services
- Early and periodic screening, diagnostic and treatment services for those under 21
- Federally-qualified health center and rural health clinic services
- Family planning services and supplies
- Pediatric and family nurse practitioner services
- Nurse midwife services
- Nursing facility services for individuals 21 and older
- Home health services
- Durable medical equipment
- Transportation services

DHCFP Optional Services Provided in Nevada

- Pharmacy
- Dental (under 21 except emergency care)
- Optometry
- Psychologist
- Physical, occupational, and speech therapies
- Podiatry (under 21)
- Chiropractic (under 21)
- Intermediate care facility for 65+
- Skilled nursing facility (under 21)
- Inpatient psychiatric services (21 and under; 65 and older)
- Personal care services
- Private duty nursing
- Adult day health care
- Nurse anesthetists
- Prosthetics and orthotics
- Hospice
- Intermediate care facility for individuals with intellectual disabilities

DHCFP Hot Topics

- Access to Care
- Health Care Guidance Program
- Applied Behavior Analysis
- Medicaid Management Information System improvements
- Home and Community Based Services (HCBS)

DHCFP Bill Draft Requests

DOA BDR #	BDR Description	NRS	Description
403-1081	Revises provisions governing the Pharmacy and Therapeutics Committee within the Department of Health and Human Services.	422.4035	NRS requires a certain composition of the P&T Committee. Current regulation changes the composition of the committee's membership to expand member recruitment and retention possibilities.
403-1090	Revises provisions governing duties of insurers, self-insured plans, pharmacy benefit managers, group health plans, other organizations that issue policies of health insurance and service benefit plans regarding payments made by Medicaid for health care.	689A.430 689B.300	Certain commercial payers of medical expenses are reluctant to provide eligibility information to Medicaid for the purposes of third party liability payments. This legislation identifies sever business types not specifically identified within each relevant statute (Pharmacy Benefit Managers and ERISA plans). It also provides obligates payers to provide enrollment rosters for data matches.
403-1103	Revises provisions governing payment for medical assistance and hospital care for indigent persons.	428.205 428.207 428.305 428.470 428.480 428.490	Makes various changes to the statute. Removes reference to the Department of Administration regarding entities with which the Board may enter into agreements. Eliminates the section creating a fund for indigent care; federal regulation does not allow the DHCFP to enter into an agreement to use lthe Indigent Accident Fund as the non-federal share. Eliminates the requirement that 50% of any remaining funds revert to the State General Fund and balance-forwards them to Indigent Care or to be used as the non-federal share for supplemental payments or enhanced Medicaid reimbursement rates. Removes the board for the County Match program.
403-1077	Sunsets changes to the Preferred Drug List (PDL)	422.4025	Eliminates the changes to made by SB4 of the 76 th Special Session to expire on June 30, 2011. SB4 made the following modifications to NRS: <ol style="list-style-type: none"> 1. Allow Nevada Medicaid to include on the list of Preferred Drug List (PDL) atypical and typical anti-psychotics, anti-convulsants, and anti-diabetic medications; 2. Requires the agency to allow one therapeutic failure for atypical and typical anti-psychotic medication, anti-convulsant medication and anti-diabetic medication; 3. Prefer all drugs covered under anti-convulsant and anti-diabetic drug class that were covered as of June 30, 2010; 4. Allow for grandfathering of coverage for non-preferred medications for atypical and typical anti-psychotic medications, anti-convulsant medications, and anti-diabetic medications; 5. The Division will report back to the legislature on the status of this modification; and 6. The act is effective on July 1, 2010 and expires by limitation on June 30, 2011.

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)

[Link to Expanded Presentation](#)

DPBH Mission and Vision

Mission: Our commitment is to protect and promote the public's health and well being.

Vision: To be a recognized leader providing health resources and quality services to our diverse community through innovation and dedication.

DPBH Public Health

- Cancer Control Registry
- Consumer Health Protection
- Immunization Program
- Women, Infants and Children (WIC)
- Communicable Diseases
- Biostatistics and Epidemiology
- Chronic Disease
- Maternal Child Health (MCH)

DPBH Behavioral Health

- Southern Nevada Adult Mental Health Services (SNAMHS)
 - ❖ Rawson Neal Psychiatric Hospital
- Northern Nevada Adult Mental Health Services (NNAMHS)
 - ❖ Dini Townsend Psychiatric Hospital
- Lakes Crossing Forensic Hospital
- Rural Counseling and Supportive Services
- Substance Abuse Prevention & Treatment (SAPTA)

DPBH Regulatory & Planning

- Radiation Control
- Child Care Licensing
- Radioactive Waste Fund
- Health Statistics and Planning
- Health Facilities Hospital Licensing
- Public Health Preparedness Program
- Emergency Medical Services
- Marijuana Health Registry

DPBH Hot Topics

- Governor's Behavioral Health and Wellness Council
- Expanding use of Medicaid funding in lieu of general fund
- Emergency Management – Ebola Task Force
- Medical Marijuana
- Forensic Behavioral Health
- Substance Abuse Treatment at Agencies

DPBH Policy Bill Draft Requests

BDR #	Program/Division	Title	Concept
15A4061020	Public Health Preparedness (PHP) Program	Remove CAP on J-1 Physician Visa Waiver Application Fees	Remove cap for J-1 Physician Visa Waiver application fee to allow for adequate funding for staff processing and program oversight. The current fee of \$500 does not cover staff costs for operating the program. Removing the cap and establishing appropriate fees through the regulatory process will provide more flexibility to manage the fees into the future.
15A4061041	SAPTA/HCQC	Changes for Alcohol and Drug Abuse Facilities	This measure seeks to change the authority to adopt regulations from the Division to the State Board of Health.
15A4061054	Lakes Crossing/Southern Nevada Adult Mental Health Services (SNAMHS)/ Northern Nevada Adult Mental Health Services (NNAMHS)	Interstate Compact	Nevada will adopt statutory processes for cooperation with other states for proper and expeditious treatment of persons with mental illness and/or intellectual disabilities in institutional care settings.
15A4061060	Cancer Control Registry/Radiation Control/Radiological Material Disposal	Cancer Registry: Use of Mammography Machines	Two changes to NRS 457 are being requested: 1) The Nevada Central Cancer Registry (NCCR), in collaboration with the Nevada Cancer Coalition and healthcare providers, are requesting to revise Nevada Revised Statutes (NRS) 457.230 - 457.280. This section has not been updated since 2003 and there have been several major programmatic and national changes to reporting that need to be reflected. In addition to updating the language, NCCR is requesting to revise the fee and penalty requirements. There needs to be a better mechanism to collect fines from non-reporters and remove fees charged to reporting facilities that complete their own abstraction. 2) To address a request of the regulated community, the Division is seeking to amend NRS 457.184 to allow the use of mammography machines in other diagnostic and therapeutic procedures.
15A4061061	Biostatistics and Epidemiology	Youth Risk Behavior Surveillance Survey (YRBS)	Currently there is no statute that dictates which type of parental permission the county/school district must secure to conduct the Youth Risk Behavior Surveillance survey for Nevada. Therefore, Nevada operates under both active and passive permission, and it varies by county. This is a problem because having some counties require active permission and some require passive permission has resulted in an increase in staff time in order to try to increase response rates among school districts that use active permission. It also affects response rates.
15A4061076	Medical Marijuana	Revision to NRS 453A.740	Present language in NRS 453A.740 requires the Division of Public and Behavioral Health to work in cooperation with the DMV to cause medical marijuana registry identification cards to be prepared and issued. This language has been interpreted as being restrictive and not allowing the Division, if it chose to do so, to print the cards for medical marijuana cardholders and caregivers.
15A4061093	Lakes Crossing	Language Revision to NRS 178.400	The charges that make defendants eligible for a 178.461 long term commitment need to be limited to only the most egregious offenses. All charges that are currently included in the statute need to be deleted except Murder and Sexual Assault. This change will eliminate inappropriate commitments of individuals who can be managed in lesser restrictive environments. Finally, language in NRS 178.463, section 3 shall be modified to read "the court finds by clear and convincing evidence that the person is not a danger to himself or herself or others." The language "no longer has a mental disorder" should be deleted because this is not a possible status to achieve in most cases even though the person is no longer dangerous.
15A4061099	Northern Nevada Adult Mental Health Services (NNAMHS)	Authorize a Process for Decertification	Amend NRS 433A.200 to expand the practitioners that may file a petition for involuntary court-ordered admission of a person. In addition to the existing practitioners authorized in NRS 433A.200, add a physician assistant licensed pursuant to NRS Chapter 630 or Chapter 633 of the NRS and a nurse practitioner licensed pursuant to Chapter 632 of the NRS. Add a new section to NRS Chapter 433A to allow for decertification of a person who has had a petition initiated for involuntary court-ordered admission.

DPBH Fiscal Bill Draft Requests

BDR #	Program/Division	Title	Concept
15A4061040	Health Care Quality Compliance (HCQC)	Changes to NRS 458	By virtue of its definition, NRS 449.00455 only allows the Division of Public and Behavioral Health to license alcohol and drug abuse facilities that are funded by the Division's Substance Abuse and Treatment Agency. This measure seeks to require all alcohol and drug abuse facilities that meet the definition in NRS 449.00455 to be licensed by the Division.
15A4061042	Health Care Quality Compliance (HCQC)	Peer Support Recovery Organizations	In 2013 the Nevada Division of Public and Behavioral Health applied for, and received, a Bringing Recovery Supports to Scale Technical Assistance Center (BRSS TAC) Award from the Substance Abuse and Mental Health Services Administration (SAMHSA), to assist in developing a mental health, addictions and co-occurring Peer Support Specialist Program and Initiative in Nevada. This award supported the formulation of a statewide Peer Support Academy Team, that helped to develop a statewide Peer Support Strategic Plan. As its priorities, the Nevada Peer Support Academy team focused on developing a 40-hour training curriculum, with the ultimate goal of creating workforce opportunities helping Peers or organizations that employ them to attain Medicaid providership status. The Academy Team also identified as a priorities Peer Certification (or some type of credentialing or licensure) and the development of a Statewide Peer Leadership Council and Certification of Peers. In conclusion, the Division has identified the need to move forward a BDR in order to create Peer Support Recovery Organizations to employ trained Peer Supporters, who will provide peer support services. Those benefiting from these initiatives are persons having mental illness, addictions or co-occurring disorders in Nevada, as well as the general public, as licensing assurances and oversight will be in place.
15A4061045	Health Care Quality Compliance (HCQC)	Community Health Worker (CHW) Pool	Nevada faces several state-specific barriers that impede access to healthcare, including the cost associated with care, geographic disparities, health professional shortages, and social determinants such as language barriers, lower educational attainment and lower income status (refer to CHW Policy Paper for more information). CHWs are considered an evidence-based model to improve access to health care, increase education and awareness, prevent disease and improve select health outcomes among the populations in which they reside. CHWs are specifically outlined in the Health and Human Services (HHS) Health Disparities Plan/National Partnership for Action as a way to strengthen the nation's HHS infrastructure and workforce, and better-coordinate approaches to delivering preventive services, health education and promotion. Other states have already invested in the infrastructure to set up CHW models. For example, in 2007, Minnesota successfully passed enabling legislation as part of a larger health reform plan aimed at improving health and controlling cost. A year later, the state secured a State Plan Amendment to directly reimburse CHWs under their Medicaid program. The Minnesota program covers CHWs services for all Medicaid and Minnesota Care enrollees by specifically defining requirement for CHW providers and the services they provide. In order for Nevada to build similar processes for the CHW model, oversight and certification is needed of this workforce.

DIVISION OF WELFARE AND SUPPORTIVE SERVICES (DWSS)

[Link to Expanded Presentation](#)

DWSS Mission and Operations

Mission: To provide quality, timely and temporary services enabling Nevada families, the disabled, and elderly to achieve their highest levels of self-sufficiency.

Program and Field Service Operations:

Primarily responsible for improving the lives of low income Nevadans with temporary assistance to help meet basic needs through the provision of cash grants, increased access to nutritious foods, access to quality child care, employment and training services, energy and medical assistance, and securing reasonable support for children with absentee parents.

Administrative Services:

Provides services necessary for the internal administration of the division, such as collection and disbursement of child support payments, accounting, budget development and monitoring, facilities management, inventory control, contract management, personnel services, information system support, research and statistics and publications.

DWSS Program Highlights

Temporary Assistance for Needy Families (TANF) - The purpose of the program is to provide temporary financial assistance and self-sufficiency services to support the care of dependent children in their homes or in the homes of relatives.

Supplemental Nutrition Assistance Program (SNAP) – The purpose of the program is to raise the nutritional level among low income households whose limited food purchasing power may contribute to hunger and malnutrition among household members.

Medicaid – The purpose of the program is to ensure necessary medical services are available for eligible individuals. The following are the three Medicaid Programs: 1) Aged, Blind and Disabled, 2) Family Medical Coverage.

Child Care – The purpose of the program is to assist low-income families, families receiving temporary public assistance and those transitioning from public assistance in obtaining child care so they can work.

Energy Assistance – The purpose of the program is to assist eligible low-income households maintain essential heating and cooling in their homes during the winter and summer seasons by providing an annual benefit.

Child Support Enforcement – The purpose of the program is to promote the well-being of children, strengthen families, and reduce the demand of public treasuries by securing financial and medical support from legally responsible parents.

DWSS Hot Topics

TANF Caseload Growth
 NEON - WPR Corrective Compliance Plan Activities
 Workforce Innovation Opportunity Act (WIOA)

SNAP Caseload Growth
 Timeliness Corrective Plan
 Accuracy error rate
 SNAPE&T – Pilot grant application
 I&R SNAP trafficking grant application
 EBT RFP to replace JP Morgan
 Food Insecurity Nutrition Incentive Grant application

Medicaid Caseload growth

Energy Assistance Application processing

Childcare Block Grant Reauthorization

- Background checks for all providers;
- New minimum health and safety requirements and training
- Quality Rating and Improvement Systems

Transfer of QA to Department of Education

Child Support Modernization

DWSS Bill Draft Requests

BDR#	BDR	Description
POLICY BILLS		
15A71088	407-1088	Revise NRS 702.275 to change the reporting period from before the end of each fiscal year to by January 5th of each year for unspent and unencumbered money in the Universal Energy Charge (UEC) Fund. The change will allow the Division the flexibility to maximize both federal and UEC funds to maintain a stable year round program.